

Case Number:	CM14-0092337		
Date Assigned:	09/12/2014	Date of Injury:	06/09/2007
Decision Date:	10/14/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 67-year-old male with a 6/9/07 date of injury, while he was loading bales of hay and also lifted a 250 pounds heavy object and injured his back. The patient underwent a posterior fusion at L3-L5 following the injury and had placed intrathecal opioid pump on 10/16/08. The patient was seen on 7/15/14 with complaints of aching, throbbing, deep, radiating pain in the left paravertebral lumbosacral region. The patient's intrathecal pump was refilled and reprogrammed. Exam findings revealed normal range of motion of the lumbar spine. The patient's mood and affect were appropriate and he was alert and oriented x3. The diagnosis is lumbar post-laminectomy syndrome, lumbar disc degeneration and lumbar disc displacement without myelopathy. Treatment to date: work restrictions and medications. An adverse determination was received on 6/13/14. The request for genetic testing was withdrawn per telephone conversation with the prescribing provider placed on 6/12/14. The provider stated that the patient was not a candidate for the test and his medication intake was within normal limits. The patient had an intrathecal pump implanted and the provider was planning to wean the patient off of oral Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 genetic testing, molecular pathology procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN (CHRONIC), CHRONIC PAIN MEDICAL TREATMENT GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Genetic testing

Decision rationale: CA MTUS does not address this issue. ODG states that genetic testing for potential narcotic abuse is not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. The request for genetic testing was withdrawn per telephone conversation with the prescribing provider placed on 6/12/14. The provider stated that the patient was not a candidate for the test and his medication intake was within normal limits. The patient had an intrathecal pump implanted and the provider was planning to wean the patient off of oral Hydrocodone. Therefore, the request for 1 genetic testing, molecular pathology procedure was not medically necessary.